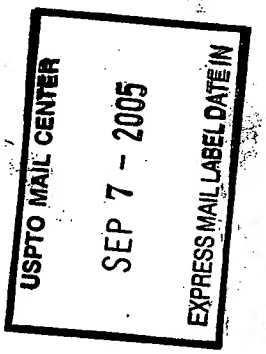

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Addressee Copy
Label 11-F, April 2

EXPRESS MAIL
UNITED STATES POSTAL SERVICE®

Post Office To Address

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery	Postage
	☐ Next ☐ 2nd ☐ 2nd Del. Day	$
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee
Mo: Day Year	Month Day	$
Time Accepted ☐ AM ☐ PM	Scheduled Time of Delivery ☒ Noon ☐ 3 PM	COD Fee $ / Insurance Fee $
Flat Rate ☐ or Weight	Military ☐ 2nd Day ☐ 3rd Day	Total Postage & Fees $
lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Date Mo. Day	Time ☐ AM ☐ PM	Employee Signature

☐ **WAIVER OF SIGNATURE** *(Domestic Mail Only)* **Additional merchandise insurance is void if waiver of signature is requested.** I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

CUSTOMER USE ONLY

METHOD OF PAYMENT:

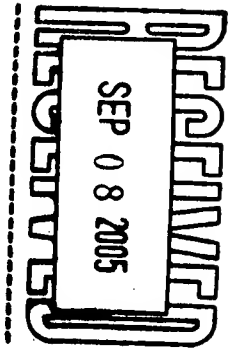
Express Mail Corporate Acct. No.

Federal Agency Acct. No. or Postal Service Acct. No.

FROM: (PLEASE PRINT) PHONE ( )

TO: (PLEASE PRINT) PHONE ( )

FOR PICKUP OR TRACKING: Visit **www.usps.com** or Call 1-800-222-1811

EMS

PRESS HARD. YOU A